DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
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South Dakota Department of Social Services

September 8, 2021

To: All Interested Vendors
Re: Request for Information

The State of South Dakota, Department of Social Services is requesting information regarding Enhanced Primary Care Case Management (EPCCM) programs.

The State of South Dakota invites all interested parties to submit a written response to this Request for Information (RFI).

This RFI is being sought strictly for the purpose of gaining knowledge of services available with an estimate of their corresponding costs and should not be construed as intent, commitment, or promise to acquire services, supplies, or solutions offered. No contract will result from any direct response to this RFI.

Information submitted in response to this RFI is considered confidential and will become the property of the State of South Dakota.

The State of South Dakota will not pay for any information herein requested nor is it liable for any cost incurred by the vendor.

RFI responses must be received before 5:00 pm Central Time, October 29, 2021 at the following address:

Department of Social Services
Division of Finance and Management
Attention: Dawson Lewis
700 Governors Drive
Pierre, SD 57501

Email responses shall be sent to Dawson Lewis at Dawson.Lewis@state.sd.us with the subject line “RFI”.

Procedural, administrative, technical, requirement, or contractual questions and answers may be directed to the Point of Contact listed above.

We appreciate your response to this request.

1.0 PURPOSE AND OBJECTIVES

1.1 The purpose of this RFI is to gather information regarding an Enhanced Primary Care Case Management (EPCCM) program. Information being sought includes EPCCM programs in other states, EPCCM vendors, EPCCM delivery systems, EPCCM payment methodologies including pay for performance, estimated costs of implementation of EPCCM, and the intersection of EPCCM with the Health Home program.

1.2 The objective of this RFI is to determine the feasibility of whether an EPCCM program can/should replace the current PCCM program.

2.0 CARE MANAGEMENT PROGRAM DESCRIPTION

2.1 This project involves evaluating EPCCM program to determine feasibility for updating the current PCCM program.

2.2 The Department of Social Services (DSS) is the designated State Medicaid Agency for South Dakota. The Division of Medical Services within the Department administers assistance to those who qualify for Medicaid or the Children's Health Insurance Program (CHIP). Other agencies also administer programs funded by Medicaid in South Dakota including the Departments of Human Services, Corrections, Education, Health, Military and Veterans Affairs. The South Dakota Medicaid program primarily serves children, pregnant women, adults with disabilities, and low-income families.

2.3 **PCCM Overview-** South Dakota first implemented its Primary Care Case Management (PCCM) program in 2002. Its goal was to provide Medicaid recipients a medical home, where they would get most of their care. Around 80 percent of SD Medicaid recipients are required to be in the PCCM program. This program exempts several aid categories including those children in State Custody, recipient eligible for both Medicare and Medicaid, individuals on one of South Dakota's waiver program or in a Long-Term Care facility. Also exempted are individuals on disability under age 19. Providers are paid $3.00 PMPM for anyone listed on their caseload. Recipients are placed on a provider's caseload either by choice or assignment by the state office. This program has always been and currently is administered by state staff in the Department of Social Services, Division of Medical Services.

2.4 **Health Home Overview -** The Health Home Program was implemented in July 2013. The Health Home Program was implemented as part of a person-centered system of care to achieve improved health outcomes and experience of care for eligible Medicaid recipients and maintain at least budget neutrality for specified "High-Cost/High-Risk" Medicaid populations. There are six "Core Services" provided by the South Dakota Medicaid Health Home Program:

1. Comprehensive Care Management
2. Care Coordination
3. Health Promotion
4. Comprehensive Transitional Care/Follow-up
5. Patient and Family Support
6. Referral to Community and Social Support Services

To qualify for enrollment in the Health Home program, Medicaid recipients must:

1. Have two or more chronic conditions or one chronic condition and be at risk for another condition.

a. Chronic Conditions Include: Asthma, COPD, Diabetes, Heart Disease, Hypertension, Substance Abuse, Obesity, Musculoskeletal and Neck/Back Disorders.
b. At-Risk Conditions Include: Pre-Diabetes, Tobacco Use, Cancer Hypercholesterolemia, Depression and Use of Multiple Medications (6 or More Classes of Drugs). Or

2.Have a single occurrence of a diagnosis for Severe Mental Illness or Emotional Disturbance.

The designated Health Home Program provider infrastructure is as follows: Physicians, Advanced Practice Nurses, Physician Assistants working in a Clinical Group Practices, Rural Health Clinics, Federally Qualified Health Centers (FQHCs), Indian Health Service/Tribal 638, and Mental Health Professionals working in Community Mental Health Centers. Each designated provider must sign an attestation and take the initial Health Home training as well as meet the provider standards.

The payment methodology for the Health Home Program is based upon four tiers. Each tier has an individual per member, per month (PMPM) payment for provision of the six core Health Home services. Eligible Medicaid recipients are placed into one of four tiers based upon the prospective risk score determined by the Chronic Illness and Disability Payment System (CDPS). The CDPS score is based on historical claims and diagnoses information normed against the Medicaid population. Those in tier one account for approximately half of the eligible population. Tier one recipients have a normal prospective risk and, therefore, must opt-in to participate in the Health Home Program. Tiers two through four see progressively higher risks of health care utilization and are automatically placed in the Health Home Program but may opt-out of the Health Home Program.

DSS has an established set of outcome measures that each health home must report on for each individual who received a core service on a bi-annual schedule. These measures include the standard measures required by CMS.

The Health Home Program is administered by state staff in the Department of Social Services, Division of Medical Services.

Please refer to https://dss.sd.gov/healthhome/providers.aspx for additional information regarding the Health Home Program including the number of active Health Homes. The South Dakota State Plan health home pages are available here: https://dss.sd.gov/docs/medicaid/medicaidstateplan/3_ServicesGeneralProvisions/3.1/3.1_Attachment_H_Health_Homes.pdf.

2.5 **Tribal and Indian Health Service (IHS)-** South Dakota has nine federally recognized tribes within its boundaries, which each have independent, sovereign relationships with the federal government. Most of South Dakota's reservations are geographically isolated in frontier locations and medically underserved areas. American Indians in South Dakota are affected by a multitude of adverse health related issues at rates that exceed the white population in South Dakota. IHS-eligible recipients in South Dakota are served by the Great Plains Indian Health Service and Tribal 638 Facilities. South Dakota is served by 9 IHS Service Units: Cheyenne River Service Unit, Standing Rock Service Unit, Fort Thompson Service Unit, Lower Brule Service Unit, Pine Ridge Service Unit, Rosebud Service Unit, Woodrow Wilson Keeble Memorial Health Care Center at Sisseton, Yankton Service Unit, and the Rapid City Service Unit. Indian

Health Services (IHS) is responsible for providing health care to American Indians, the South Dakota Medicaid Program serves as the safety net for this population and will cover services that cannot be provided or accessed through the IHS system. During SFY20, an average of 43,546 American Indians were on Medicaid every month, which represents 37.63% of all the individuals eligible for Medicaid. Currently, our PCCM programs requires American Indians to participate because all of the IHS clinics participate in both the PCCM program as well as two Tribal 638s.

2.6 **Nurse Family Partnership-** The Department of Health in partnership with the Department of Social Services operates the Bright Start Home Visiting Program. As part of the program registered nurses meet with at-risk families during pregnancy up until the child turns three. Nurses provide health and safety education, health assessments, developmental screening, and provide other community resources. Additional information on the Bright State Home Visiting Program can be found at https://doh.sd.gov/documents/family/BrightStartPlan.pdf.

2.7 **CHART Opportunity**- South Dakota has submitted an application to CMS for the Community Health Access and Rural Transformation (CHART) model community transformation track. Targeted communities for this opportunity include Brown, Custer, and Lawrence counties. As part of the opportunity South Dakota will work with providers in the identified community to transition to a capitated payment based on historical expenditures. In addition to transition to a capitated payment participating hospital would also implement a health reform strategy which could include enhancing use of telemedicine, remote patient monitoring, pharmacogenomic testing, and utilization of community health workers to self-manage chronic conditions. Additional information about the CHART opportunity can be found at https://dss.sd.gov/medicaid/generalinfo/chart.aspx.

3.0 RFI RESPONSE INSTRUCTIONS

3.1 The State is asking all interested parties to submit a response containing the following information:

General EPCCM Information

1. Provide a description of your company's experience managing an EPCCM delivery system for a state Medicaid agency.
2. Provide a description of your company's experience managing an EPCCM delivery system in a state that operates under Medicaid fee for service.
3. Provide a description of your company's experience designing an EPCCM delivery system for a state Medicaid agency including experience with assessing federal regulatory requirements, assisting with drafting the state plan amendment and the state plan amendment approval process, working with IHS and Tribal 638 providers, and key considerations for states when implementing an EPCCM delivery system.
4. Based on the description above of South Dakota, South Dakota Medicaid, and South Dakota Medicaid's Health Home and PCCM delivery systems, provide a recommendation for how South Dakota should implement an EPCCM delivery system including the following:
    a. Provide recommendations for any eligibility groups that should be "carved out" of the EPCCM delivery system and your rationale for this recommendation.

b. Provide recommendations for stratifying beneficiaries according to risk and acuity level and how you would assign individuals to tiers. In addition, provide a description of your company's experience stratifying beneficiaries according to risk and acuity level.
c. Provide recommendations for Medicaid recipient intervention and engagement strategies based on the individual's risk and acuity level.
d. Provide recommendations for case management, care coordination teams, and disease management services that are coordinated with a primary care team and engage both the member and the provider. In addition, provide a description of your company's experience and capabilities of providing these services.
e. Provide recommendation for creating actionable profiles for providers based on provider patient population outcomes and provide a description of your company's experience creating these profiles.
f. Provide recommendation for connecting patients with services to meet medical needs, as well as non-medical needs that affect health. In addition, provide a description and examples of your company's experience connecting patients to these services.
g. Provide a recommendation for how EPCCM interacts with IHS and Tribal 638 Services.
h. Provide a description of your company's experience calculating and supplying health outcomes and quality metrics to state Medicaid agencies.
i. Provide recommendations for including value-based payments as part of the delivery system and include your company's experience designing and calculating primary care value-based payments.
j. Provide recommendations for patient education materials including your company's experience creating and disseminating primary care patient education materials. Please include examples of those materials with your response.
k. Provide recommendations regarding reimbursement methodologies for providers participating in the EPCCM delivery system.
l. Provide an estimate of any cost savings or cost avoidance the state may incur due to implementing your recommended EPCCM delivery system including the causal factors that would result in the cost savings or cost avoidance.
m. Provide a cost proposal estimate for your company to assist the State with implementation of an EPCCM delivery system.
n. Provide an annual cost proposal estimate for your company to operate your recommended EPCCM program. The proposal should be itemized by elements of the proposal. For example, the proposal should clearly identify the estimated cost your company would charge for administering value-based payments for the State.
o. Provide key differences between South Dakota's existing PCCM delivery system and your recommended EPCCM delivery system including benefits of the EPCCM delivery system.

Interaction with Health Home Program

1. Provide examples of state Medicaid agencies that operate both an EPCCM delivery system and Health Home delivery system including any relevant experience managing or operating one or both delivery systems in a state that has both delivery systems.
2. Describe how you company views the EPCCM and Health delivery systems interacting including the following:

a. What are the basic distinctions between the delivery systems?
b. What criteria/conditions results in an individual's being in the EPCCM delivery system or Health Home delivery system?
c. What are the benefits for the State to operate both a EPCCM and Health Home delivery system?
d. What types of providers would be included in each delivery system?
e. Discuss the effectiveness of each of these delivery systems in terms of efficiency gained and cost avoidance.
f. Discuss whether your company's proposed EPCCM delivery system and the Health Home delivery systems would use the same outcome measures or different outcome measures. If your company recommends using different outcome measures, please elaborate on the differences and the rationale for the differences.

Interaction with other Deliver Systems and Programs

1. South Dakota Medicaid applied for the community transformation track of the Community Health Access and Rural Transformation (CHART) Model. Describe how an EPCCM delivery system would interact with the CHART model if the State is selected for this opportunity including key considerations for the State.
2. The South Dakota Department of Health provides case management services to some pregnant women enrolled on South Dakota Medicaid including in-home visiting services using the Nurse Family Partnership curriculum. Describe how an EPCCM delivery system would interact with these case management services.